



Affix Patient I.D. Here

COMPLETE THIS FORM WHENEVER THE DRUG IS UNBLINDED		
1 Date drug was unblin	nded/ mo dy yr	
Was the need to unblind reviewed <u>prior</u> to unblinding by a physician who was not treating the patient?		
STUDY DRUG ASSIGNED 1 CAST-ENC Dose 1	CAST-FLEC C	3 CAST-MOR 1 mg/day
PERSONS UNBLINDED		
yes no 1 2 1 2 1 2 1 2 2 2 1 2 2 2	Patient Patient's private physician Surgeon or anesthesiologist Physician not treating the p CAST personnel, specify:	patient
	Name	Code No.
	Name	Code No.
REASONS FOR UNBLINDING 5 ves no		
yes no 1 2 1 2 1 2 2 2 1 2 2	Demanded by referring physic Prior to surgery Demanded by patient Drug toxicity	ian
	specify:	
12	Medical treatment (other than surgery)	
.	specify:	
1 2	Other	
	specify: () 1 1 1 1 1 1 1 1 1	
ADDITIONAL DETAILS		
6 []]]]]]]]]]]]]]]]]]		
If opened, return drug code envelope to the Coordinating Center.		
Name of person filli	ing out form Code Number	UNBLIND CAST 27.01 6/18/87 PAGE 1 OF 1